

1292

MARGIN RESERVED FOR BINDING
 N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				Arizona State Board of Health		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State File No. _____		Registered No. _____	
County <u>Graham</u>				State <u>ARIZONA</u>			
Township _____ or Village _____							
City <u>Clifton</u>				No. _____ St. _____ Ward _____			
(If death occurred in a hospital or institution, give its NAME instead of street and number)							
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.				How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.			
2. FULL NAME <u>Stayner, Mrs. Francis</u>				How long in State when death occurred? _____ yrs. _____ mos. _____ ds.			
(a) Residence: No. _____ (Usual place of abode)				St. _____ Ward _____		(If non-resident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>F</u>		4. COLOR OR RACE <u>Amer.</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____							
6. DATE OF BIRTH (month, day, and year)							
7. AGE		Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.		
		<u>55</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.						
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.						
	10. Date deceased last worked at this occupation (month and year) _____						
							11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (city or town) (state or country) _____							
MOTHER FATHER	13. NAME _____						
	14. BIRTHPLACE (city or town) (State or country) _____						
	15. MAIDEN NAME _____						
	16. BIRTHPLACE (city or town) (State or country) _____						
17. INFORMANT (Address) _____							
18. BURIAL, CREMATION, OR REMOVAL							
Place <u>Clifton</u> Date _____, 19____							
19. UNDERTAKER (Address) _____							
20. Filed _____, 19____ Registrar _____							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>Mar. 22, 08</u>							
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____							
I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.							
The principal cause of death and related causes of importance were as follows:							
<u>Dysentery</u>							
Date of Onset <u>6 wks</u>							
Other contributory causes of importance: _____							
Name of operation _____ Date of _____							
What test confirmed diagnosis? _____ Was there an autopsy? _____							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____							
Where did injury occur? _____ (Specify city or town, county and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury _____							
Nature of injury _____							
24. Was disease or injury in any way related to occupation of deceased? _____							
If so, specify _____							
(Signed) <u>G. E. Goodrich</u> , M. D.							
(Address) _____							